

Rowe v. Ray

Civil Action No. 3:19cv418

EXHIBIT G



VIRGINIA
DEPARTMENT OF CORRECTIONS
SUSSEX II STATE PRISON

Offender Request 801_F3A_7-12

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; KEEP IT BRIEF
3. Drop in the appropriate Mail Box
4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Rowe	Uhuru	B	1131545	1B-10
WORK ASSIGNMENT	ASSIGNED COUNSELOR		TODAY'S DATE	
	Owen		6/28/18	

- TO:
- | | | | | |
|--|---|---|--|-------------------------------------|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal Property | <input type="checkbox"/> Law Library | <input type="checkbox"/> Mailroom |
| <input type="checkbox"/> Unit Manager | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Education | <input type="checkbox"/> Hearings | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Ombudsman | <input type="checkbox"/> Dentist | <input type="checkbox"/> Food Service | <input type="checkbox"/> Recreation | <input type="checkbox"/> Commissary |
| <input type="checkbox"/> IPM-Programs Mgr. | <input type="checkbox"/> Chaplain | <input type="checkbox"/> Workforce Specialist | <input type="checkbox"/> Enterprise Laundry | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> EBP Manager | <input type="checkbox"/> Assistant Warden | <input type="checkbox"/> Warden | <input checked="" type="checkbox"/> Other <u>L. Shaw, Senior Counselor</u> | |

CHECK PURPOSE: Appointment Request (Applicable departments only.) Question/Statement

I am writing to further insight to the termination of my job as a DCE Tutor on 5/30/18. Per the Implementation Manual for O.P. 841.2, if the reason for the termination of my job is that my behavior presents a threat to the orderly operations of the work crew and/or institution (as determined by the Work Supervisor or Watch Commander) then a written justification is required, i.e. copy of charge or Incident Report. The justification written on the Job termination Form I received is insufficient. I did not receive a charge, so therefore an Incident Report is needed to justify the termination of my job. Can you please forward to me a copy of the Incident Report that was used to justify me being terminated from my job. Thank you.

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department Yes No; Routed to: _____ Date: _____

Your request will be forwarded to the Major.

RECEIVED

AUG 02 2018

Ombudsman Unit
Eastern Region

I Major, can you respond?)?
No incident report will be forwarded to offenders.
The Chief of Security is who approves and
disapproves brief support/build work. I did not choose
you at that time.

Offender seen Yes No

L Shaw Sr Counselor

7/6/2018

Official Responding

Date of Response